



# Arkansas Tobacco Settlement Commission

## Quarterly Report

July 2006

### Executive Summary

The Arkansas Tobacco Settlement Commission (ATSC) continues to meet quarterly to oversee and assess the progress of the programs funded by the Tobacco Settlement Proceeds Act of 2000. The Commission is working closely with RAND to develop its biennial report to the Governor and General Assembly. The next report will be sent to the legislature on August 1, 2006.

RAND is in the process of completing its comprehensive evaluation of program progress since its last Interim Report completed in 2005. Program progress has been monitored on a quarterly basis by both RAND and the Commission. Programs are required to report expenditures to the Commission; additionally RAND conducts financial analysis of each program to assure fiscal accountability. The upcoming report will provide essential information to the Governor and General Assembly for consideration of future funding decisions.

Due to a trend in decreased settlement payment amounts, Commission chair, General Lefler asked that each program present a SWOT analysis at the June 21 ATSC meeting. The analysis would focus on strengths, weaknesses, opportunities and threats as it related to decreased funding specific to their program.

Summary reports for each program for the period April through June 2006 are as follows:

### **Arkansas Aging Initiative (AAI)**

*a program of the Donald W. Reynolds Center on Aging  
University of Arkansas for Medical Sciences*

#### Mission

- To improve the health of older Arkansans through interdisciplinary geriatric care and innovative education programs
- To influence health policy affecting older adults



### Program Progress

The annual retreat for the AAI was held June 1st & 2<sup>nd</sup> at Petit Jean State Park. It was a very successful 2 days with lengthy discussions regarding:

- Geriatric workforce
- Branding and Logos of the AAI and other marketing and communication activities
- Sustainability of the AAI – General Lefler, Chair of the Arkansas Tobacco Commission, was a guest speaker and explained the history of the funding to the group and what might happen in the future
- FY 07 budget and other sources of potential funding
- Partnering as it currently stands now with the Centers and discussion of some potential future partners and collaborations
- The premises of the AAI SWOT analysis
- The AAI community advisory committees
- Review of Strategic Plan finishing last three years

The evaluators from Rand made their annual site visit in April. AAI leadership staff and Dr. Lisa Sugarman reviewed the goals and indicators of the last 3 years possibilities for the next 5 years.

A press conference with Frank Broyles and Dr. Cornelia Beck was held April 10<sup>th</sup> to introduce the Alzheimer's Caregiver Playbook by Broyles. The Alzheimer's Caregiver Playbook is designed like a coach's playbook includes information and practical tips to help families meet the needs of their loved ones suffering from Alzheimer's disease.

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The focus groups from the regional Center on Aging were involved during the entire process. The Playbook, to be offered free of charge to Arkansas families, was inspired by Broyles' personal experience with Alzheimer's disease. Wal-Mart is helping to distribute copies of the Playbook by mailing copies to Arkansas families dealing with Alzheimer's and having copies available in their pharmacy departments. The Centers on Aging around the state are also helping to announce the availability at their local Wal-Marts plus having them available in their resource centers.

Dr. Claudia Beverly presented the AAI SWOT analysis to the Tobacco Settlement Commission on June 21<sup>st</sup>.

In early April, Dr. Claudia Beverly was invested into the Murphy Chair in Rural Aging Leadership and Policy. Dr. Beverly is the first holder of this chair.

The press release announcing the Silver Summit occurred May 25, 2006 and was attended by 35 people with representation from 2 newspapers and 2 television stations. Co-chair Frank Broyles spoke and co-chair Blanche Lincoln spoke by telecommunication from Washington. Dr. Robert Bulter from the International Longevity Center in New York, Mr. Gary Looper, CEO Northwest Health System and Dr. Larry Wright made comments about the value of this 2 day conference for health professionals, business professionals, caregivers and the general public. Several hundred booths will be available to present products, services, education etc on aging. Dates for the Summit are November 3<sup>rd</sup> and 4<sup>th</sup>.

Asa Hutchison, Republican Candidate for Governor, visited the Schmieding Center to learn more about aging issues in Arkansas and to see the caregiver training program. Aging issues is part of his campaign platform. He spent time with Mr. Schmieding and with Drs. Wright and Vaughn Wrobel learning about the Schmieding Center for Senior Health and Education.

Mike Beebe, Democrat Candidate for Governor, held a press conference at the Schmieding Center to outline his health agenda. He toured the Center and talked with the staff about aging issues, especially in-home care and its impact of the long term care of older adults in the future.

Jo Ellen Ford re-activated the AAI sub-committee of the DWRIOA Advisory Committee. The first meeting was

held April 15<sup>th</sup>. The Committee discussed the current status and concerns of the satellite centers on aging and the purpose of their advisory committees. They concluded that since the recent reductions of tobacco funds to the Centers, they, more than before, are in need of community funding support to supplement this financial loss. The committee members also felt a consensus that it would be better if the centers were perceived as extensions of or under the UAMS Reynolds Institute on Aging's umbrella instead of entities all on their own.

ILC and Schmieding project - The Schmieding Center has joined the International Longevity Center in New York on a national project titled "The Caregiving Project for Older Americans". This \$4.2 million 3 years project is aimed at improving the training and standards for caregivers serving older adults. The Schmieding Center has received \$200,000 to date for its part in this project.



### **Leveraging Activity**

#### **• COA-NE:**

Space and speakers: \$8,245

Volunteers: \$144

#### **• SACOA:**

SHARE Foundation Healthy Cooking and

Discussions with the Doctor: \$5,000

Space and other donation: \$12,800

Volunteers: \$616

#### **• Delta Center on Aging-**

Space (for 6 months) and speaker: \$14,896

#### **• Texarkana Regional Center on Aging (TRCOA)**

Pfizer – food and educator - \$1,279

Space and speakers: \$4,175

#### **• Schmieding Center for Senior Health and Education**

ILC project: \$200,000

Speakers: \$450

- **Schmieding Center – Mountain Home**  
Volunteers - \$448  
Speaker: \$600
  - **Schmieding Center – Harrison**  
Volunteers -\$104  
Speakers: \$650
  - **Schmieding Center – Bella Vista**  
Office space: \$1,200  
Speakers and refreshments: \$520  
Pfizer dinner at Diabetic Peripheral Vascular program: \$500  
Volunteers: \$944
  - **West Central Arkansas –Fort Smith**  
Donations for space and staff: \$8,000
  - **South Central Center on Aging-Pine Bluff**  
Space: \$10,200
- Total leveraged dollars for the quarter: \$270,771**

#### **Board Activity**

The AAI leadership participates in bimonthly meetings with the UAMS Chancellor regarding activities and progress of UAMS tobacco funded programs.

#### **Continuous Quality Improvement Activities**

Dr. Ty Borders and Dr. Robin McAtee submitted a proposal to the Biosciences Research Institute for funding. The primary purpose of the proposed pilot study is to examine how interdisciplinary geriatric care is associated with the receipt of recommended medical care processes and health care outcomes among older person with diabetes. This is also a first attempt to include the Electronic Medical Record (EMR) into a study which is part of a demonstration project from CMS (Centers for Medicare and Medicaid) in which Arkansas is one of four states to be included. A funding decision has not been determined.

Drs. Border and McAtee have developed a small pilot grant proposal to submit to the Beverly foundation that has 2 specific aims to examine the diagnosis and treatment of suspected dementia patients. The setting would be in 3 COA partnered clinics around the state and compare them to the associated Family Medicine Clinics which are run by the UAMS AHECs. Gathering data utilizing the Electronic Medical Record is also a major objective of this study.

Dr. Ty Borders, Dr. Robin McAtee, and Dr. Cornelia Beck have been in communication with Dr. Jeff Goldsmith, Chair of Family Community Medicine at UAMS, and submitted 2 abstracts for consideration in a

letter of intent from Family Community Medicine to the AHRQ for funding for 2 small projects. Full proposals will be developed if the abstracts are viewed favorably from AHRQ.

#### **Collaborative Efforts**

Medicare Part D education continued this quarter in all Centers. – All sites are partnering with each other, their local AHECs, as well as local, state and national initiatives to educate older adults regarding Medicare Part D Coverage as well as personally assisting older adults to sign up for the coverage. A couple of sites even made home visits for those who could not visit a designated site.

The Schmieding Center partnered with the Arkansas Adult Day Care Center Association, St. Mary's Hospital and Reliance Healthcare Inc. to present a three day program on Collage Communication for Caregivers of Persons with Dementia. Three caregiver scholarships were provided by the Alzheimer's Association.

Representatives from the Social Security Administration came to Center on Aging-Northeast for 4 hours in order to assist and sign up participants for the "Extra Help Benefit" for the Medicare Prescription Drug Plan.

All centers work very closely with agencies in their communities that work with older adults. Some examples this quarter include:

- Family caregiver programs and Dementia related support groups with the AAA
- For Harrison : North Arkansas College, North AR Regional Medical Center, First Federal Bank of Harrison, Mountaincrest Rehab and Blue Cross/Blue Shield Foundation
- SACOA and SCCOA partner for the Foster Grandparent program
- Many sites work with their local and state Health Departments for various educational initiatives
- Experience Works partners with Delta COA
- Partners with many community colleges and Universities for rotation for their students. Included this quarter are: Phillips County Community College, ASU (Nursing & PT), UAF, UAM, UAPB, North AR College, Mid South Community College, and others.
- PEPPI training with the Health Department

## **Major Challenges**

Sustainability of programs due to the instability of Tobacco Funding is an issue that all programs are facing. An initial figure that was given to the AAI in April projected a 20% reduction. In June, the tobacco commission released a different figure that would only be a 10% reduction. Drs. Beverly and McAtee have met with UAMS officials to explain what this reduction would mean:

- Continued concerns regarding the opportunities for expansion of programs since the AAI has maximized the funds available and is now having to cut back.
- Continuing and expanding on evaluation when funds are not available for this purpose
- To develop a continuing quality improvement program without sufficient funds both as recommended by the Rand Corporation and by AAI leadership.
- Maintaining the stability of professional geriatric education in the face of losing the funding for the GEC (Geriatric Education Center). Dr. Ronni Chernoff has diligently been lobbying along with many others to have congress reinstate these funds and to find interim dollars – but so far has not been successful.

# UAMS

**DONALD W. REYNOLDS  
INSTITUTE ON AGING**

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

## **Minority Population Initiatives**

In several of our sites, concerted efforts have been initiated to address the minority Communities. During the last quarter, 24% or over 2250 of the educational encounters were to African American older adults and 1% or over 100 to other minorities.

**Goal 1: *Interdisciplinary geriatric healthcare will positively impact health outcomes of older Arkansans.***

**Total Senior Health Clinic visits for December (2005), January & February, 2006 did not see any major changes or fluctuations for this quarter and are as follows:**

South Arkansas Center on Aging (SACOA) in El Dorado: 1531

Texarkana Regional Center on Aging (TRCOA): 1044

Center on Aging Northeast (COA Northeast) in Jonesboro: 806

South Central Center on Aging (SCCOA) in Pine Bluff: 742

Fort Smith Area Center on Aging: 935

Schmieding Senior Health Clinic in Springdale: Springdale: 3,048 Bella Vista: 418

Delta Center on Aging: West Memphis: 60

**Goal 2: *Geriatric education will positively impact behaviors to improve health outcomes.***

**The Educational Component of the AAI targets four population groups for education. These include: health professionals, health professional students, paraprofessionals, older adults and the community at large. During this quarter the AAI educational component presented a total of 665 programs to 9,476 participants which resulted in 19,699 educational contact hours.**

**Participant demographics: 84% Caucasian, 14% African American, 1% Hispanic, Participants represented all but 3 counties in Arkansas.**

## **Schmieding Center for Senior Health and Education:**

**Health Professional:** 7 programs for a total of 123 participants

**Students:** 2 programs for 43 students

**Paraprofessional:** 13 programs for a total of 154 participants

**Older Adult and Community:** 23 programs for a total of 686 participants.

## **Harrison Outreach**

**Health Professional:** 8 programs for a total of 303 participants

**Paraprofessional:** 2 program for a total of 27 participants

**Older Adult and Community:** 17 programs for a total of 184 participants.

326 Students attended an allied health, business and technical career fair.

## **Bella Vista Outreach**

**Health Professional:** 3 programs for 34 participants

**In-service:** 1 program for a total of 9 participants

**Older Adult and Community:** 10 programs for a total of 337 participants

**Mountain Home Outreach:**

**Health Professional:** 3 programs for a total of 41 participants

**In-service:** 3 programs for a total of 87 participants

**Older Adult and Community:** 18 programs for a total of 281 participants.

**South Arkansas Center on Aging (SACOA):**

**Health Professional:** 3 programs for a total of 18 participants

**Student:** 2 programs for 5 participants

**In-service:** 11 programs for a total of 125 participants

**Paraprofessional:** 1 program for a total of 6 participants

**Older Adult and Community:** 75 programs for a total of 1292 participants.

**Texarkana Regional Center on Aging (TRCOA)**

**Health Professional:** 9 programs for a total of 92 participants

**Student:** 1 program for 25 students

**In-service:** 5 programs for 128 participants

**Older Adult and Community:** 71 programs for a total of 560 participants.

**Center on Aging-Northeast (COA-Northeast):**

**Health Professional:** 4 programs for a total of 265 participants

**Paraprofessionals:** 3 programs with 96 participants

**Student:** 17 programs with 20 people

**Older Adult and Community:** 55 programs for a total of 1000 participants.

**South Central Center on Aging (SCCOA):**

**Health Professional:** 4 programs for a total of 75 participants

**Paraprofessionals:** 1 program with 22 participants

**Student:** 4 clinical rotations for 19 students.

**In-service:** 4 programs for a total of 179 participants

**Older Adult and Community:** 104 programs for a total of 754 participants.

**Delta Center on Aging:**

**Health Professional:** 2 programs for a total of 8 participants

**Older Adult and Community:** 53 programs for a total of 407 participants.

**Helena Outreach:**

**Health Professional:** 2 programs for a total of 8 participants

**Older Adult and Community:** 54 programs for a total of 407 participants.

**West Central Arkansas Center on Aging:**

**Health Professional:** 6 programs for a total of 86 participants

**In-service:** 1 program for 12 participants

**Older Adult and Community:** 64 programs for a total of 923 participants.

**Arkansas Biosciences Institute (ABI)**

Arkansas Biosciences Institute, the agricultural and biomedical research program of the Tobacco Settlement Proceeds Act, is a **partnership of scientists** from Arkansas Children's Hospital Research Institute, Arkansas State University, the University of Arkansas-Division of Agriculture, the University of Arkansas, Fayetteville, and the University of Arkansas for Medical Sciences.

In accordance with the Tobacco Settlement Proceeds Act, the purpose of the Arkansas Biosciences Institute is to conduct:

- **Agricultural research** with medical implications;
- **Bioengineering research** that expands genetic knowledge and creates new potential applications in the agricultural-medical fields;
- **Tobacco-related research** that identifies and applies behavioral, diagnostic, and therapeutic knowledge to address the high level of tobacco-related illnesses in Arkansas;
- **Nutritional and other research** that is aimed at preventing and treating cancer, congenital and hereditary conditions, or other related conditions; and
- **Other areas of developing research** that are related or complementary to primary ABI-supported programs.

**Program Progress**

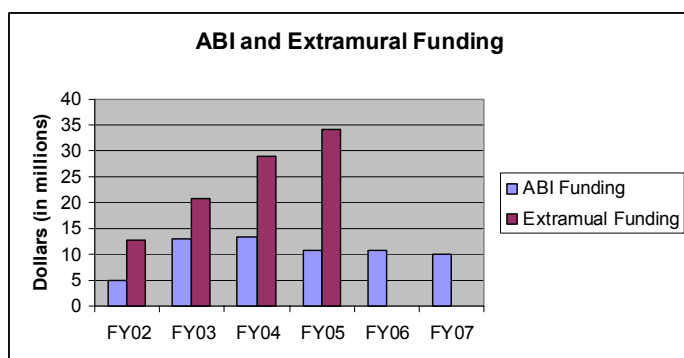
**Leveraged Funding for Agricultural and Biomedical Research** ABI-supported researchers are leveraging funding from the tobacco settlement act to obtain outside funding from foundations and federal agencies. For the April – June quarter, ABI member institutions reported more than \$12 million in outside funding. UAMS led the way in outside funding with 21 grants totaling more than \$7.2 million for the quarter and included grants from the American Heart

Association, the National Science Foundation, the US Department of Defense, and the National Institutes of Health. The University of Arkansas reported that NIH had renewed its grant for the UA's Center for Protein Structure and Function, with funding totaling more than \$2 million for the year. Arkansas State University reported receiving seven outside grants for the quarter, including a \$2 million grant from the Office of Naval Research. Arkansas Children's Hospital Research Institute received outside funding for four grants this quarter, including a grant from NIH to study the risks of tobacco exposure and congenital heart defects.

ASU and ACHRI reported that there are two grants pending with NIH. If awarded, the proposals would bring more than \$1.7 million in funding for Arkansas. Final outside funding totals for FY06 will be available in August. ABI and outside funding levels from previous years are shown in the next section's chart.

### **ABI Funding for FY2007**

In April, the Arkansas Department of Finance and Administration released the projected funding for the Arkansas Biosciences Institute for FY07. Funding for the coming fiscal year is projected to be \$9.9 million for the five ABI member institutions, representing a 10% decline over FY06 and a 26% decline over FY04. The chart below shows the trend of ABI funding and outside grant funding for the ABI member institutions since FY02.



### **SWOT Analysis**

The Arkansas Tobacco Settlement Commission asked ABI and the other tobacco-funded programs to report on program plans, given the reality of declining tobacco funding. ABI worked with members of its Scientific Coordinating Committee and the ABI Board to develop a short list of strengths, weaknesses, opportunities, and threats and present the analysis to the Commission at their June meeting:

### ***ABI Strengths***

- Experienced, well-funded scientists, including those recently recruited to Arkansas
- Enhances State's research infrastructure already in place
- Has resources to stimulate collaborative research between scientists from multiple institutions
- Knowledgeable and committed governing Board and Advisory Committees
- Strategic investments are increasing research capacity, catalyzing research, and strengthening research competencies

### ***ABI Weaknesses***

- "Cultural" differences between ABI institutions
- Funding cannot be carried forward past the biennium; long-term ABI research has short-term funding stream
- Not all ABI institutions are at the same point in length of research experience; newer research programs have less extramural funding to rely on during declining tobacco funding

### ***ABI Opportunities***

- Continued/increased extramural funding
- Stimulation of inter-campus collaborations to increase competitiveness for large federal grants
  - Arkansas INBRE - \$17.5 million – UAMS, UAF, ASU
  - Arkansas COBRE - \$9.5 million – UAF, UAMS
  - NABF Proposal (pending) – UAF, UAMS, ASU
  - EPA Superfund Proposal (in preparation) – UAF, UAMS, ASU
- Facilitation of commercialization opportunities
  - InterveXion Therapeutics - UAMS and UAF
  - Biodetection Instruments - UA-Ag
  - Hyphenated Solutions - ASU
  - Nature Diagnostics West - ASU

### ***ABI Threats***

- Declining core funding from tobacco settlement
- Flat or declining funding for NIH and other federal agencies that support biomedical research
- Raids on research funds

### **New Scientists Recruited to Arkansas**

For the April – June quarter, Arkansas State University reported three new scientists recruited to the state for the coming year:

- Dr. Brett Savary, Associate Professor of Protein Chemistry

- Dr. Soo Ahn, Assistant Professor of Food Sciences
- Dr. Giuliana Medrano, Postdoctoral Research Associate

Since FY2002, ABI funding has assisted in recruiting more than 45 scientists to Arkansas, building on the state's research infrastructure. These scientists are often well-funded from outside agencies and in some cases bring additional laboratory research personnel with them.

# Arkansas BIOSciences INSTITUTE

## **Awards for ABI-Supported Scientists**

Recent honors and awards for ABI researchers were announced in April – June:

- Dr. Fabricio Medina-Bolivar (ASU) named recipient of the 2006 Neish Award from the Phytochemical Society of North America
- Dr. Elizabeth Hood (ASU) appointed to the Technical Advisory Committee for the Arkansas Energy Board
- Dr. Tamara Perry (ACHRI) selected as a Robert Wood Johnson Faculty Scholar
- Dr. Charlotte Hobbs (ACHRI) appointed to the National March of Dimes Scientific Advisory Committee on Prematurity
- Dr. Robyn Hannigan (ASU) named recipient of the ASU Dean's Award for Faculty Research

## **New Collaborative Research Projects Funded**

ABI member institutions continue to develop collaborative research projects with other member institutions, combining the expertise of researchers from two or more institutions. The University of Arkansas-Division of Agriculture recently funded three collaborative research projects:

- Gold-coated Carbon Nanotube Mediated Nonphotothermolysis as Non-invasive Anticancer Therapeutic  
Dr. Jin-Woo Kim, UA-Division of Agriculture  
Dr. Russell Deaton, University of Arkansas, Fayetteville  
Dr. Vladimir Zharov, University of Arkansas for Medical Sciences

- In-field Rapid Screening of Avian Influenza Viruses H5N1 Using a Portable Impedance Biosensor  
Dr. Yanbin Li and Dr. Billy Hargis, UA-Division of Agriculture  
Dr. Steve Tung, University of Arkansas, Fayetteville
- Processed Blueberry and Grape Pomace Procyanidins and Insulin Sensitivity  
Dr. Luke Howard, UA-Division of Agriculture  
Dr. Ronald Prior, Arkansas Children's Hospital Research Institute

## **Fay W. Boozman College of Public Health (COPH) (University of Arkansas for Medical Sciences)**

The mission of the Fay W. Boozman College of Public Health (COPH) at UAMS is to improve health and promote well-being of individuals, families, and communities in Arkansas through **education, research, and service.**

The COPH has elected to address this mandate through a community-based health education model.

The COPH will improve health and well-being of Arkansans by:

- Training and re-training a professional public health workforce capable of further disseminating effective community and other public health programs.
- Training healthcare and public health practitioners in prevention methods through offering continuing education programs and through partnerships in the delivery of model programs;
- Contributing to the development of linkages among graduating students, state agencies, local organizations, healthcare practitioners, and communities to help align, coordinate, and implement effective prevention programs; and
- Conducting community-based and other public health research that is Arkansas focused and based on Arkansas needs.

## **Program Progress**

**Education Goal:** *Increase the number of communities in which citizens receive public health training (Initiation)*

**Student Expansion:** 211 students registered for the spring 2005 – 2006 semester; 11 of these students are enrolled in the newly established DrPH program. Student demographics follow: 165 (78%) of the

students are female; 104 (49%) of the students are part-time; 55 (26%) are African-American; 11 (5%) Asian; 140 (67%) Caucasian; 3 (1%) Hispanic; and 2 (1%) Native American. Student age range is wide: 35% are 20 – 29 years old; 30% are 30 – 39 years old; 20% are 40 – 49 years old; 13% are 50 – 59 years old and 2% are 60 and above. A total of 30% of the students are from the Central AHEC region; 5% are from the Northwest; 4% are from the Northeast; 2% are from the Southwest; 4% are from the South; 4% are from the Delta; 13% are from South Central (Pine Bluff); 11% are from North Central (Fort Smith); 21% are from out of state; and 6% are from foreign countries. Although some students are from out of state and foreign countries, they were all residents of Arkansas at the time of their admission. A total of 33 (17%) of the students are DHHS Division of Health employees. 57 students registered for the summer 2005 – 2006 semester; 7 of these students are enrolled in the DrPH program. Student demographics follow: 48 (84%) of the students are female; 52 (91%) of the students are part-time; 18 (31%) are African-American; 5 (9%) are Asian; 33 (58%) are Caucasian; 1 (2%) is Hispanic; and none are Native American. Student age range remains wide: 39% are 20 – 29 years old; 35% are 30 – 39 years old; 17% are 40 – 49 years old; 7% are 50 – 59 years old and 2% is 60 and above. A total of 67% of the students are from the Central AHEC region; 4% are from the Northwest; 2% are from the Northeast; 2% are from the South; 15% are from South Central (Pine Bluff); 2% are from North Central (Fort Smith); 4% are from out of state; and 4% are from foreign countries. All students were residents of Arkansas at the time of their admission. A total of 8 (14%) of the students are DHHS Division of Health employees.

### **Faculty Development**

As of June 30, 2006, COPH has 51 full-time or part-time salary supported faculty; 38 of these are 100% supported in the College. Although several candidates have been interviewed and an offer is being made to a candidate, a national search continues for the Chair of the Department of Epidemiology. Two faculty members were recently appointed in the Department of Biostatistics and will begin their appointments in July 2006.

### **Program Development**

The COPH offered 33 courses this fall; (including preceptorships, integration projects and directed studies), all on the UAMS campus. Two of these

courses were offered as “week-end” courses and are considered a part of the College’s distance accessible curriculum.

### **Degree Programs now include:**

- Post-Baccalaureate Certificate
- MPH (generalist and specialist in each of the five departments)
- MD/MPH; JD/MPH; PharmD/MPH
- Doctor of Public Health in Public Health Leadership (DrPH)
- PhD in Health Systems Research to enroll students in fall 2006

**Monthly magazine column:** Three columns were provided by COPH faculty to the Arkansas Municipal League magazine “City and Town” this quarter. The monthly columns offer useful advice on how municipal officials and administrators can promote better health. The column authors and titles are as follows: **“Unhealthy Arkansas has options”** by James M. Raczynski, Ph.D, M.P.H., Professor and Founding Dean; **“State, local leaders planning for pandemic flu”** by Joseph Bates, M.D., M.S., Associate Dean and Professor and Deputy State Public Health Officer, Department of Health and Human Services; and, **“Cities share credit for historic smoking law”** by Glen P. Mays, PhD, M.P.H., Associate Professor, Vice Chair and Director of Research Department of Health Policy and Management.

**RAND** site visit was made Thursday, April 27, 2006.

**Commencement held May 20<sup>th</sup>:** six (6) students received Post-Baccalaureate Certificates; twenty-two (22) received a Master of Public Health.



**African Women’s Health Project International (AWHPI)** held an African Health Conference with a significant African delegation in attendance. A Health luncheon briefing was held at the Fay W. Boozman College of Public Health on Wednesday, June 28<sup>th</sup>; information was provided on the program/services

offered at UAMS. This is the 2<sup>nd</sup> year that the COPH has participated in this event.

**The Health Policy/Prevention Conference** is held each Tuesday from 4 pm – 5 pm (except during the months of July and August and when other activities conflict). The DHHS Division of Health (DOH) is a conference co-sponsor. COPH faculty/guests provide relevant information related to public health policy and prevention. Conferences on the first Tuesday of each month focus on Obesity issues. One-hour Continuing Education Units (CEUs) are available to Physicians, Nurses, Pharmacists, Nutritionist/Dieticians, Health Educators, CHES/CPHE, EMT's, Sanitarian and Social Workers who attend.

**Public Health Grand Rounds** are also held each Thursday from 8 am – 9 am in the Division of Health Auditorium. The College participates as a co-sponsor of these grand rounds. One-hour CEUs (same as listed above) are available to those who attend.

**A Joint Oversight Committee (JOC)** has been formed between DOH and UAMS for the purpose of tracking ongoing activities between the agencies, identifying new areas for collaboration, and encouraging sharing and leveraging of resources to maximize the efficiency with which programs and projects are developed. The Committee normally meets monthly, and is currently discussing ways the institutions might better collaborate.

#### **Accreditation**

The College of Public Health was accredited by the Council on Education for Public Health (CEPH) effective May 13, 2004. The COPH is working towards re-accreditation (site visit to occur in November, 2006). Although this site visit will not require the college to meet recently revised accreditation criteria, the college will be required to meet these new criteria by December 2007. The most significant changes will require the COPH to offer three doctoral programs (past requirement was one) with a minimum faculty requirement of five (5) full-time equivalents for each program. Two new doctoral programs were developed in August 2005; one in Health Systems Research (HSR), and the other in Health Promotion and Prevention Research (HPPR). The Board of Trustees approved these doctoral programs in January 2006. The Arkansas Department of Higher Education (ADHE) met in April and gave final approval to the HSR application.

The ADHE will consider the HPPR application at its August 2006 meeting. The HSR program plans to admit students in fall 2006. Once approved by the ADHE, the COPH will begin advertising the HPPR program and recruit students to begin August 2007.

#### ***Research Goal 1: Obtain federal and philanthropic funding***

During this quarter, COPH faculty submitted 12 proposals seeking over \$4 million in funding; three of the twelve have been funded (approximately \$68,000); the remaining nine proposals (\$ 3.9 million ) are pending.

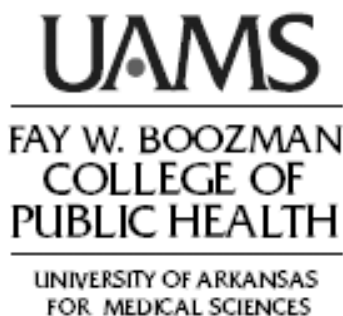
#### ***Research Goal 2: A significant portion of research conducted shall be relevant to the health issues within Arkansas and/or community-based in nature***

With coronary heart disease (CHD), cancer, and stroke being the three leading sources of mortality and morbidity among all gender and race groups nationally and in Arkansas, the COPH has focused on research relevant to smoking and obesity prevention and control, the two leading preventable causes of all three of these diseases. Additionally, because many ethnic and racial minority groups, including our state's African-American and rapidly growing Latino populations, experience a disproportionate disease burden, the COPH has also identified eliminating these racial and ethnic health disparities as an additional research focus relevant to the health issues within Arkansas.

#### ***COPH contracted programs addressing tobacco cessation***

Christine Sheffer, PhD, Assistant Professor, Department of Health Behavior and Health Education, has received funding for six tobacco cessation programs – each of which incorporates community-based public health approaches. They are the “Arkansas Tobacco Cessation Network (ATCN)”, “SOSWorks” Fax-back Referral Program, the Provider Education Program, the Smoke-free Workplace Assistance Program, YouCanQuit\_AR.net, and the Arkansas SOSQuitline. Together these programs provide intensive evidence-based treatment in 16 sites (AHECs, AHEC hospital affiliates and a few other selected locations across the state) and over the telephone. These programs also work to integrate evidence-based cessation services into the health care and workplace communities across the state. Arkansas residents can be linked to

cessation services through proactive calls made by specially trained staff in response to faxed requests or by calling the toll-free number. Medication assistance is provided as well as self-help motivational materials. A Spanish-speaking counselor is available, and translation services are available for virtually every other language. In the previous fiscal year under the direction of Dr. Sheffer, these programs provided treatment to a record number of Arkansans with 5619 quitline callers, over 1015 people entering face-to-face treatment, and 3047 faxed referrals from healthcare providers and workplaces with outstanding results.



#### ***COPH funded programs addressing ethnic minority health disparities***

Improving racial and ethnic minority health disparities in Arkansas is being addressed by several funded and pending research projects. For example, continuation funding of a contract with the Minority Health Commission supports COPH faculty Dr. Creshelle Nash and Dr. Eddie Ochoa in extending their work on the “Arkansas Racial and Health Disparities Research Study.” Recommendations for both short-and long-term interventions to reduce and even eliminate racial and ethnic health disparities in Arkansas have been developed from focus groups and secondary data analysis. Under the leadership of M. Kate Stewart, M.D., MPH, the COPH responded to a Kellogg solicitation to accredited schools and programs of public health to complete an assessment of their school and program activities to eliminate racial and ethnic health disparities and the College was one of 12 schools and programs selected to participate in this planning effort to reduce/eliminate health disparities. *No funding is to be directly available;* however, Kellogg is providing expert technical assistance and consultation to the COPH. Several COPH faculty members are working with the Minority Health Commissions’ Hypertension

Program through Technical Service Agreements, and Dr. LeaVonne Pulley continues to be funded as a subcontractor on an NIH grant to study the etiology of geographic and racial differences in stroke.

#### ***COPH funded programs addressing obesity***

Obesity is a major targeted area for on-going and planned research projects. Two substantial grants have been awarded to faculty addressing obesity: the Web-based Weight Loss Grant for which Dr. Delia Smith West serves as principal investigator, and the Evaluation of Act 1220 for which Dean Raczynski serves as principal investigator. The former grant is designed to determine the benefit of a web-based counseling approach to weight loss versus delivery through group, in-person methods. If web-based approaches are found to be effective for helping people lose weight and maintain losses, then a highly cost-effective approach to weight loss and maintenance will be added to what can be done in Arkansas to counteract the obesity epidemic. The first wave of recruitment for this project has been completed recently and 51 participants are now enrolled and randomized (out of a goal of 233 to be accrued over a 24 month period). Behavioral weight control intervention using the different delivery channels has begun and will follow these individuals for 18 months to determine the best ways to produce sustainable lifestyle changes. The latter project, evaluating Act 1220 of 2003, will provide information for legislators, those involved in implementing the Act and those in other states who are trying to combat childhood obesity, about how the components of the Act have been implemented and how they are working. Baseline and second-year data have already been collected; the baseline data were presented to the House and Senate Public Health Committee in January 2005, and the second-year data was presented in January 2006.

#### ***Service Goal 1: COPH shall act as a resource to the General Assembly, the Governor, state agencies, and communities***

- The 85<sup>th</sup> AR General Assembly met in Special Session beginning on April 3<sup>rd</sup>. Governor Huckabee included Clean Indoor Air legislation (SB 19) on the call. The college worked with other healthcare providers to support the passage of SB 19 which is now Act 8 of 2006. Arkansas is the 17<sup>th</sup> state to enact a smoking ban – a cornerstone for short-and long-term health improvements. Legislation was

also passed that prohibits smoking in cars that carry children under age 6 who are riding in child-safety seats.

- CPH faculty continue to work closely with Senator Jimmy Jeffress on Act 1757 of 2005 – The Youth Suicide Prevention Task Force. The first meeting of the Taskforce was held on May 1, 2006 at the AR Department of Education.
- On May 8, 2006, the CPH facilitated a meeting of the Joint Interim Committee on Public Health, Welfare and Labor in Judsonia, AR. The primary purpose of the meeting was to brief legislators and citizens of White County on public health initiatives in their county. Dean Raczynski provided statistical information on morbidity, mortality, BMI relevant to the county/region and discussed the CPH administered cessation programs; the Division of Health addressed the issue of a possible pandemic flu and other relevant public health concerns of local citizens.
- Governor Mike Huckabee and Representative Jay Bradford were honored at the commencement ceremony for the CPH on May 20, 2006. Both honorees were recipients of the Public Health through Public Service award, and both were inducted as honorary members into the Delta Omega Honorary Society, the national honorary society for accredited schools of public health.
- Faculty in the Department of Health Policy and Management are serving as an informational resource to the Attorney General's Office regarding the possible lawsuit surrounding the Master Settlement Agreement (MSA) as cigarette companies plan to cutback or delay their MSA payments.
- CPH faculty members are designated to serve on committees established by the Arkansas General Assembly: In 2003, CPH faculty were appointed to the Act 1220 and Act 1816 Advisory Committees. These committees are examining school health care and nutrition and physical activity issues. In 2005, CPH faculty were appointed to the Act 1757-Youth Suicide Prevention Taskforce; Act 1818-Child Death Review Panel; and the Act 663-Acute Stroke Care Task Force that focuses on stroke prevention, awareness, and recovery services.
- Dr. Christine Sheffer was program speaker at the UAPB conference "Cleaning the Air" on May 24, 2006.
- CPH faculty discussed program initiatives and provided a tour of the CPH administered cessation

programs to one Senator and two State Representatives in June 2006.

**Service Goal 2:** *COPH shall collaborate and partner with other agencies, organizations, etc. on health-related issues when feasible. (Consultation and Analysis/Collaboration and leveraging)*

- CPH faculty and staff serve in a leadership capacity and are visible partners with the AR Cancer Coalition, AR Oral Health Coalition, AR Minority Health Commission, DHHS Division of Health, and the American Cancer Society.
- CPH students have over 35 agency/organization choices for their integration projects and preceptorships.
- Three CPH faculty/staff serve on an Advisory Committee of the Philander Smith College – Kendall Health Science Institute. Collaboration, research, and addressing the public health needs of the students of Philander Smith College are the primary focus of the Advisory Committee.
- CPH faculty/staff are ongoing participants in the Clinton School of Public Service educational activities.

#### **RAND Recommendation Focus Areas Based on December 2004 Annual Report:**

**RAND Recommendation 1:** *The CPH should maintain the discount for ADH employees*

It was agreed that the CPH had no direct control over this recommendation. This decision must be agreed to by the UA Board of Trustees, the President of the UA System, and the Chancellor of UAMS. The 70% discount was discontinued in 2005; however, over 10% of the CPH student body continues to come from the DHHS Division of Health employee pool.

**RAND Recommendation 2:** *The CPH should provide scholarships and discounts for distance learning students; and*

**RAND Recommendation 3:** *The CPH should provide scholarships to students to help support the cost of obtaining a degree*

Even though the CPH has no direct control over appropriations and cannot guarantee allocation of additional funds to the CPH for scholarships and assistantships, it should be noted that over 90% of the CPH students are part-time, non-traditional students who are working at a full-time job as they pursue their degrees. Nonetheless, a number of students are

being supported as research assistants with extramural funding. A system has also been established in the Office of Student Services to compile student funding opportunities from outside the College and distribute this information to students. In addition, the Department of Environmental and Occupational Health has been able to secure contributions to establish tuition scholarships for students pursuing specialized MPH degrees in the department.

Finally, in consultation with the family of the late Dr. Fay Boozman, the College of Public Health has also established the Fay W. Boozman Public Health and Community Service Scholarship fund to help support a deserving MPH student(s) each year. Donations may be sent to the *UAMS Foundation, Fay W. Boozman Public Health and Community Service Scholarship, 4301 W. Markham, Slot 716, Little Rock, AR 72205*.

**Rand Recommendation 4: *Continue to hire more faculty; particularly diverse faculty***

The COPH remains committed to maintaining a diverse faculty. To date, 18% (n=8) of the COPH full-time or FTE- supported COPH faculty members are from racial and/or ethnic minority groups.

**Rand Recommendation 5: *Provide evaluation expertise to the COPH community partners to assess the impact of the work they are doing in the community***

The COPH's Office of Community-based Public Health (OCBPH) is involved in many different activities which address this need. The OCBPH has four formally recognized community partners: (1) Boys, Girls, Adults Community Development Center in Marvel, (2) Walnut Street Works in Helena/West Helena, (3) We Care in Pulaski County, and (4) LA CASA in Pulaski County. Dr. Kate Stewart, Director of the OCBPH is working with other staff and faculty to assist the Tri-County Rural Health Network, which includes Walnut Street Works, in evaluating their Community Connector Program. Dr. Martha Phillips is overseeing the analysis of data from a community tobacco usage survey conducted by We Care as part of their tobacco prevention grant program. The OCBPH has also been asked to assist the USDA Delta Nutrition Intervention Research Initiative (NIRI) in providing training to their Arkansas community partners in community-based participatory research. This project will directly benefit the Boys, Girls, Adults Community Development Center (BGACDC) in Marvel, and lessons learned will

also subsequently be shared with the other three formally recognized COPH community partners.

**Focus Areas Based on 2005 RAND Interim Report**

**Recommendation 1: *Increase grant funding and leveraging activities from other sources***

As of March 2006, the COPH has over 50 active grants/contracts totaling over \$14 million. The COPH has significantly increased grant funding in a very short time frame.

**Recommendation 2: *Develop Curricula for the new doctoral programs; and***

**Recommendation 3: *Develop two new doctoral programs that are required to maintain accreditation: recruit new students for them***

Two new doctoral programs were developed in August 2005; one in Health Systems Research (HSR) and the other in Health Promotion and Prevention Research (HPPR). The board of trustees approved these courses in January 2006. The Arkansas Department of Higher Education met in April and approved the HSR application; students will be enrolled in this program in the fall 2006. The next board meeting (August 2006) will consider the HPPR application and it is anticipated that students will begin in the HPPR program in 2007.

**Major Challenges this quarter/Assistance needed by RAND:**

The College's major challenge at this point is the decrease in tobacco settlement funding.

## **Delta Area Health Education Center (AHEC)**

The Delta Area Health Education Center (Delta AHEC) was established by the Tobacco Settlement Proceeds Act (July 1, 2001). It is the intent of the Act that "the University of Arkansas for Medical Sciences (UAMS) establish a new Delta Area Health Education Center to serve the following counties: Chicot, Crittenden, Desha, Lee, Monroe, Phillips, and St. Francis. The new Delta AHEC shall be operated in the same fashion as other facilities in the UAMS-AHEC program including training students in the fields of medicine, nursing, pharmacy, and various allied health professions, and offering medical residents specializing in family practice. The training shall emphasize primary care, covering general health education and basic medical care for the whole family.

The program shall be headquartered in Helena with offices in Lake Village and West Memphis."

### **Primary Goals**

(1) To serve Chicot, Crittenden, Desha, Lee, Monroe, Phillips, and St. Francis counties by increasing access to quality healthcare through the composition, distribution, and appropriate preparation of a culturally competent health professional workforce; and, (2) to further serve the citizens by increasing the capacity of participation in culturally sensitive health promotion and health education programs.

### **Program Progress**

#### ***Indicator 1 targets increases in the number of communities and clients served.***

On April 19<sup>th</sup>, the Delta AHEC held a **Grand Opening Celebration** for its new 31,000-square-foot facility, named the **Dr. P. Vasudevan Wellness Center** in honor of Dr. P. Vasudevan. More than 600 people attended, including Keynote Speaker Senator Blanche Lincoln, Congressman Marion Berry, General Bill Lefler, UAMS Chancellor Dr. I. Dodd Wilson, and other UAMS dignitaries. The building is leased from the Helena Health Foundation and includes classrooms, a diabetes clinic, a youth center, a medical library, and an indoor track. This new facility enables the Delta AHEC to increase its capacity to conduct consumer health education programming as well as health professional education.

On June 1<sup>st</sup>, the **Delta AHEC Fitness Center** opened in the **Dr. P. Vasudevan Wellness Center**. By the end of the month, membership totaled 804, and there had been 3,166 encounters. Members attended Tai Chi, step aerobics, body toning, Pilates, Peppi, and Yoga classes, walked the elevated track, and worked out on state-of-the-art fitness equipment. Members who need nutrition, diabetes, or smoking cessation counseling are referred to these Delta AHEC programs. Monthly dues are \$25 or less, based on a sliding income scale, but the walking track is free. Several local businesses have purchased group memberships for their employees, including Helena Regional Medical Center, The Isle of Capri Casino, and Hickory Hill Pharmacy. Quotes from charter fitness center members:

*"I have already lost 13 pounds this month. I come everyday on my lunch break for 30 to 45 minutes."*

*"I am so excited. I have lost 7 pounds. I still have a long ways to go, but without this fitness center I would have never attempted."*

*"I am losing weight every day. I have lost 14 pounds. I feel better and my whole family is doing better because we are exercising."*

*"I can't have surgery until I lose 30 pounds. I love this place. It has really motivated me to get this weight off. I come everyday and sometimes twice in a day."*

Ruby Brown presented a **Sickle Cell** in-service education program for Dermott teachers (high & elementary schools) on student issues. Home education visits were made to 130 families/individuals with sickle cell. A total of 23 Delta children who have sickle cell attended Camp Dream Street in Sallisaw, Oklahoma. During the weeklong camp, participants swam, completed craft projects, and learned successful strategies for living with their sickle cell.

Training session encounters provided during the quarter were as follows:

*To increase the capacity of participation in culturally sensitive health promotion and health education programs:*

- 4633 "Kids for Health" and other health promotion activities for children
- 637 Health fairs/screenings
- 90 CPR/First Aid
- 803 "Y.E.S." health promotion activities for teens
- 181 Smoking prevention/cessation
- 245 CLASSICS for seniors
- 503 Oral health
- 76 Prescription assistance (savings of \$14,266 for the quarter)
- 44 Farm Safety for Children – new program?

*To improve health behaviors related to chronic health problems:*

- 327 Diabetes
- 66 Breast cancer
- 121 Sickle cell
- 10 Asthma
- 22 Obesity

*To improve health behaviors in regards to physical activity and nutrition:*

- 372 Nutrition
- 699 Aerobics
- 73 Tai Chi
- 82 "Eating & Moving for Life"

3,166 Fitness Center encounters (open since June 1)

*To improve health behaviors related to teen pregnancy prevention and parenting skills:*

- 710 Parenting classes
- 7 Breast-feeding counseling

***Indicator 2 targets increases in the number of training sessions for health professionals.***

The number of training session encounters that occurred for health care students and professionals in their facilities in order to assess their compliance with the Act's intent regarding health care training were as follows:

*To provide support services and continuing education for area health professionals and health professions students:*

- 32 Continuing education programs (30 were compressed video)
- 360 Health professionals participated in continuing education programs
- 64 Health professions students were provided library services
- 28 Health professionals were provided with library services

*To increase the number of health professionals practicing in underserved areas in the Delta:*

- 2 Medical students mentored for admittance to UAMS COM
- 1 Pharmacy student mentored for admittance to UAMS COP
- 1 Senior Selective Rotation for a medical student
- 6 Registered nurses are preparing for a Bachelor of Science in Nursing
- 7 BSN nurses are receiving instruction for a Masters of Science in Nursing

*To acquaint minority and/or disadvantaged youth with health careers:*

- 28 Health Careers
- 10 Junior Leadership

***Indicator 3 targets increases in access to a primary care providers in underserved communities.***

Last quarter we reported Crittenden Memorial Hospital and the City of Marion were cooperating to enter a Community Match agreement with Aaron Mitchell. The Match was made and Mr. Mitchell will enter UAMS College of Medicine in fall '06. Delta AHEC staff consulted with 2 other medical school candidates from the Delta on strategies to improve their chances for admittance. Both are admitted for fall'06. Delta AHEC is continuing to work with an applicant who is currently on the waiting list for the College of Pharmacy.

Access to primary care providers has been established in previous reports as critical to health care in the underserved region. The Delta AHEC director continues to work with the Delta Bridge Health Goal Team, which she chairs, to bring a Community Health Center to

Phillips County. Negotiations are in progress with the CHC in Marianna for the satellite Center in Lakeview to become a full service community health center. The Health Goal Team is also working with the Wilbur Mills Drug Center to establish a residential treatment center in Helena.

The Delta Recruiter is no longer with the Delta AHEC and, because of budget cuts, the Director can not rehire in that position. The Delta AHEC Director and the Chief Executive Officer of the Helena Regional Medical Center are working with the Delta Bridge program to re-establish this position.

**Important Events**

The **MELD** program, designed to teach parenting skills to young males and females, received \$30,000 from the Children's Trust Fund to continue the program in six Southeastern Arkansas sites. During the quarter, Parent Group Facilitator Training prepared four young men to conduct parenting and mentoring classes. Since its inception last September, 120 participants have completed classes. Currently 63 young men and 86 young women are participating in the program. These individuals attended a 2-day program conducted by the Grady Prison System and were allowed to see and hear from inmates what it is like "behind bars." They had the opportunity to talk to and ask questions of the inmates and also see the equipment and dress that inmates must wear.

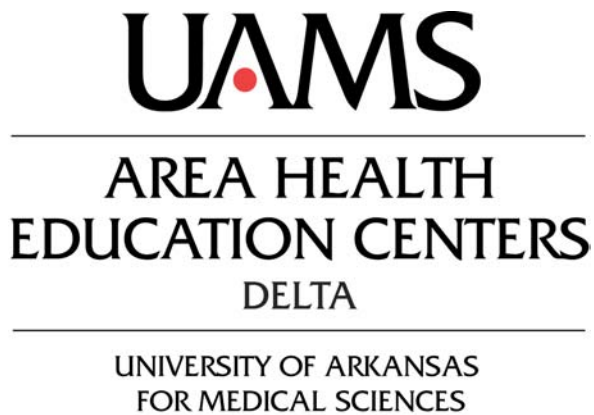
The **Safe-Sitters** program has proven to be a success, with the West Memphis Parks and Recreation Department and Quota International providing partial financial support. Two classes have been conducted, with one more to be offered this summer. The program prepares a pool of certified sitters for parents, and, at the same time, teaches positive parenting skills. One of the participants, a 12-year-old boy commented, *When you go to a babysitting class you are learning to become a babysitter and when you are babysitting you are learning to be a parent.*

**Advisory Board Activities**

The Delta AHEC Advisory Board met on April 18<sup>th</sup> with 11 members present. The members were given a preview of the new facility and heard reports on projects and plans for the new center. Board members volunteered as tour guides for the Grand Opening the following day. They wore special name tags that identified them as board members and were recognized during the ceremony.

### **Program Improvement**

The new Delta AHEC building is enabling the staff to continue to improve the full menu of programming in the face of a severe period of resource deficits. With support from the Helena Health Foundation, Helena Regional Medical Center, and UAMS, the Delta AHEC will be able to stay viable in the face of budget cuts. The Helena Health Foundation, Helena Regional Medical Center, Delta AHEC and the Delta Bridge project are collaborating on a county wide medical transportation system that will help bridge people to the Delta AHEC, local doctors' offices, and the hospital.



### **Collaboration/Coordination of Programs**

**Farm Safety in the Delta**, in collaboration with the faculty and trainees of the Southeast Arkansas Rural Interdisciplinary Training Grant (SEAR), presented a farm safety program to forty-four 3- and 4 year old children at the Dumas Migrant and Seasonal Head Start. The preschoolers were entertained and educated with age appropriate presentations by eight graduate school trainees representing speech pathology, nutrition, occupational therapy, and nursing. Children learned to call 911 for help, avoid PTO's and grain wagons, and not pick up heavy objects. Members of the community joined in the fun. Bill Shea from the local John Deere dealership brought a riding mower to demonstrate lawnmower safety. The Desha County Extension Service brought samples of farm chemicals and treated seeds to teach poison safety. The Extension Service also brought samples of cotton, corn, and soy beans from the field to teach the source of food and fiber. The grand finale was a puppet show that reinforced what the children had learned.

The Delta AHEC continued to partner with the Minority Health Commission to continue their successful **"Eating and Moving for Life"** program in Phillips County churches. The Delta AHEC has contracted with the local office of the Arkansas Cooperative Extension

Service for program implementation. The church-based program involves health screenings, weekly exercise classes, healthy cooking classes and heart healthy education. During this quarter, the program served 82 participants in African American churches. Total weight loss of these participants was 233 pounds, and 34 improved their blood pressure reading while 15 reduced their cholesterol reading.

### **Major Challenges**

With the move into the new building came many challenges. From April through May, most programs were suspended in order for the staff to physically move into the new space. Then, because the building was not completed on schedule, the opening of the fitness center was delayed until June 1<sup>st</sup>. The expansion of wellness programs has required several additional staff to cover the fitness center, and it was a challenge to find qualified personnel.

The COPH Tobacco Interventionist has resigned her position. While the Delta AHEC has a great need for these services, it will be a challenge to find a qualified individual. Smoking cessation referrals are being made daily from the new Fitness Center, and unfortunately there is no one on staff who can assume this responsibility.

For the past 15 years, the Delta AHEC has received funding (more than \$200,000/year) from the Health Resources and Services Administration to support a Health Education Training Center. Unfortunately, the Federal Government has decided to stop funding this valuable rural health project and the grant will end in August. With the loss of these funds, the Delta AHEC will not be able to continue some of the outreach activities currently in place. Additional budget reductions from the tobacco funds, coupled with increased energy and fuel costs have placed a major stress on the Delta AHEC budget. In response, staff have assumed additional responsibilities and are working hard to continue as many of the programs as possible.

### **Minority Participation**

The Delta AHEC continues its tradition of service to a diverse population. Attendance at educational activities during the quarter was as follows:

<b>Race</b>	<b>Delta AHEC Participants</b>
Black	4,141
White	3,856
Hispanic	95
Other Minority	27

## **Arkansas Division of Health Tobacco Prevention and Education Programs (TPEP)**

The Tobacco Prevention and Education Program (TPEP) introduced the Stamp Out Smoking (SOS) campaign to educate Arkansans about the dangers of tobacco use. Using the Center for Disease Control's (CDC) Best Practice Guidelines, a plan was developed to reduce disease, disability and death related to tobacco by preventing the initiation of tobacco use among young people; promote quitting among young people and adults; eliminating exposure to second-hand smoke and identifying and eliminating the disparities related to tobacco use and its effects on population groups.

### **Program Progress**

#### **Advisory Committee**

According to law, the tobacco prevention and cessation advisory committee is made up of eighteen members: one member appointed by the President Pro Tempore of the Senate and one member appointed by the Speaker of the House of Representatives and sixteen by the Governor. The organizations represented on the committee include the Arkansas Medical Society, Arkansas Hospital Association, American Cancer Society, American Heart Association, American Lung Association, Coalition for a Tobacco-Free Arkansas, Arkansans for Drug Free Youth, Arkansas Department of Education, Arkansas Minority Health Commission, Arkansas Center for Health Improvement, Arkansas Association of Area Agencies on Aging, Arkansas Nurses Association, Arkansas Cooperative Extension Service, University of Pine Bluff, League of United Latin American Citizens and Arkansas Medical, Dental and Pharmaceutical Association. The Advisory Committee meets on a quarterly basis. During the first several meetings, the committee reviewed and approved the program's strategic plan. During subsequent meetings, the committee has reviewed program activities, progress toward program goals and has given advice on program improvement.

#### **Community Programs**

For FY 06, 32 community coalitions received funding for tobacco prevention and education. Each community coalition sub-grant recipient is monitored on the progress of their programmatic activities and use of

funding on a quarterly basis. During this quarter, coalitions have organized workshops on Arkansas' Sales to minor's laws to educate retail clerks. They have also contributed a considerable amount of time educating the public on Arkansas on the Clean Indoor Air Act of 2006.

The final quarter of the FY06 started off with the passage of the Arkansas Clean Indoor Act of 2006 and the Arkansas Protection from Secondhand Smoke for Children Act of 2006. Many coalition members and concerned citizens attended a rally at the State Capital to show support for these two Acts.

The 1st annual Madison County Teen Summit was conducted on May 5, 2006. Students from around the county were educated on facts and dangers of tobacco and drug awareness. There were speakers, a martial arts performance and incentives to encourage student participation.

There were several great things happening in the Northwest region one of those happened when Emma's Museum of Junk went Smoke Free. She has been a die hard smoker and she has always allowed smoking in her place of business. After numerous visits from the coalition members she finally put up a no smoking sign and agreed to work on quitting herself. There was also lots of activity at the Buffalo River Elk Festival in June. Not only did coalition members distribute materials to those in attendance, the S.W.A.T. team (students working against tobacco) did a considerable amount work and nearly 50 people signed up to work with the coalition.

Big changes happened in Marion County also. The organizers of summer's weekly Music on the Square in Yellville used a display board declaring tobacco counter-advertising "We All Deserve Smoke free Air" to announce the week's performers. Coalition members also set up a booth at the Bull Shoals' Arts in the Park. They were able to get the message of clean indoor air out to hundreds of people and were invited back for next year. Arkansans for Drug Free Youth (ADFY) had a special celebration for a Youth Extinguishing Smoking (Y.E.S.) team member who graduated from high school, after being in the program for four years. Coalition members were also able to get the message out to expectant mothers through the Marion County WIC Program.

The Tobacco Free Marion County Coalition's Program Coordinator and Media Coordinator were able to attend a smoke free housing conference in Maine to learn how to bring renters' rights to clean air home to Arkansas and they have been invited to be presenters on this topic at a conference sponsored by the Coalition for Tobacco Free Arkansas in September.

Elroy Brown of Mississippi County presented at the UAPB "Clearing the Air of Communities of Color Conference" on coalition building.

The city of El Dorado's Smoke Free and Healthy Air Ordinance went into effect at midnight on April 8, 2006. Three El Dorado High School PRIDE members were selected as international tobacco prevention youth trainers. The members will be trained this summer to develop social marketing strategies to prevent tobacco use.

Several coalitions including the Dawson Co-op, The Hot Spring County Hometown Health Coalition, American Heart Association, and KABF 88.3 FM co-sponsored a Hot Springs County Business Educational Public Forum regarding the new Clean Indoor Air Act 8 that will go into effect July 21, 2006.

### **School & Youth Programs**

Nineteen consortiums of school districts and/or schools were funded for FY 06 (July 1, 2005 to June 30, 2006) to provide and/or strengthen tobacco prevention in school communities. The majority of the school districts has adopted a comprehensive tobacco free policy and will include it in the student handbooks when school starts. Buy in from school administration was difficult at the beginning, but now that the Clean Indoor Air Law has passed, school districts are very receptive in changing their existing tobacco policies to be more stringent.

The school-based grant coordinators are presently working with the school nurses to implement the SOSWorks Fax Referral system in the schools as part of the worksite wellness. SOSWorks referral sheets were distributed to each school district.

Some of the grantees are piloting the Discovery Health Connection (digital version of *Get Real About Tobacco*) curriculum. TPEP partnered with the Department of Education to help integrate the research-based curriculum with the academic requirements. Recently,

TPEP received an updated report from Discovery Connections that tracks usage of the pilot Internet curriculum "Discovery Health". The usage has improved dramatically, since the partnering with the Department of Education. Teachers are being trained during the summer on the curriculum and TPEP will continue to work with the Department of Education to increase the usage of the curriculum and assist the teachers in downloading lesson plans and providing technical assistance.

Arkansas for Drug Free Youth's (ADFY) has a Youth Leadership Initiative Program. The goal of the program is to reduce tobacco consumption amongst Arkansas youth. The Tobacco Control Youth Board (TCYB) participation has approximately 55 members. They have helped recruit more than 450 Youth Extinguishing Smoking (YES) Team members throughout the state. The YES Team Speaks presented at several out of state youth events: The Texas Teen Summit in Houston, Texas and the National Tobacco Conference in Washington, DC.



The Spit Tobacco Campaign is underway. TPEP is collaborating with Babe Ruth League Tournaments this summer on this campaign. Once a league commits to participate in the spit tobacco campaign, they are awarded summer kits that include spit tobacco information and pledge cards for each participant. Each league that participates is awarded sponsorship of a youth athlete next season.

### **Statewide Programs**

The Coalition for a Tobacco Free Arkansas (CTFA) continues to provide training and technical support to local tobacco free coalitions across the state and

disseminate information to tobacco prevention and control advocates. Listed are some of the CTFA's executive director's activities for the past quarter:

- Participated in press conference to bring awareness about dangers of second hand smoke (SHS) and the benefits of smoke-free workplaces.
- Spoke at press conference at Saline County Memorial Hospital for KICK BUTT's Day...shared information of the dangers of SHS.
- Interviewed on local radio station...talked about the benefits of smoke-free workplaces.
- Served as facilitator for annual program banquet in Mississippi County and was able to share information on Act 8 and Act 13 to over 100 people.
- Conducted three regional meetings, one each in Chicot County, Pulaski and Garland County. Discussion included the danger of SHS and the benefits of smoke-free workplaces.
- Served as keynote speaker at local tobacco education and prevention event in Phillip County. Over 100 individuals, including a large youth crowd attended the event. The presentation included information on Acts 8 and 13 as well as the dangers of SHS and the benefits of smoke-free workplaces.
- Participated in national teleconference that focused on the bonus MSA payment coming to states in 2007.
- Served as panelist and a workshop presenter during UAPB's annual tobacco prevention conference. The workshop focused on coalition building and the dangers of SHS, as well as on Act 8.
- Attended eight local coalition meetings, provided technical support and information on Act 8 for many advocates.
- Conducted a statewide training session for local coalition on understanding Act 8
- Participated/provided information at La Casa Inc. annual health fair.
- Conducted a SHS and Smoke-free workplace workshop for Dawson Co-op in Arkadelphia.
- Disseminated through CTFA database multiple articles about SHS and the benefits of smoke-free workplaces. Included in the dissemination was the most recently released U.S. Surgeon General Report.

### **Enforcement**

Arkansas Tobacco Control Board (ATCB) enforces state laws prohibiting the sale of tobacco products to minors. Seven training sessions were held during the reporting period of April through June 2006. Seventy-one stores participated in the training sessions, totaling

248 trained employees. Compliance checks of 908 yielded 69 violations for a violation rate of 7.6%.

During the quarter, there were thirty-six complaints received regarding retailers selling to minors. Only one of these complaints was founded, nine were unfounded and twenty-six were pending.

### **Cessation**

The Arkansas Tobacco Cessation Network (ATCN) contract with the University of Arkansas—Medical Sciences, College of Public Health began July 1, 2005. The ATCN has sixteen treatment sites across the state. The ATCN had 1015 patients attend treatment from July 2005 – June 2006 of which 367 were treated in the fourth quarter. Of those patients eligible for 3-month follow-up, 62% were reached of which 36% were still abstinent from tobacco. Of those patients eligible for 6-month follow-up, 57% were reached of which 36% were abstinent.

The SOS Quitline served 5,619 unique callers seeking treatment or information from July 2005 to June 2006, 2052 of which were during the fourth quarter. During the fourth quarter, 1184 of the 2052 callers (or 58%) and 868 (or 42%) were seeking information. During the fiscal year 3760 of the 5619 callers (or 67%) were seeking treatment.

Of those patients that entered treatment and were eligible for 3-month follow-up, 55% were reached of which 30% were abstinent from tobacco. Of those patients eligible for 6-months follow-up, 55% were reached of which 24% were abstinent.

The SOSWorks, the fax-back referral system, has received 3047 referrals from July 2005 – June 2006 of which 1111 were received in the fourth quarter. Of the 3047 referrals, 73% were successfully contacted, 61% accepted a referral for treatment, and 22% enrolled in treatment at ATCN or Arkansas SOSQuitline. All of those that could not be contacted received brochures, self-help and motivational materials.

Also, the Smoke-Free Workplace Assistance Program has assisted 21 companies at 36 worksites to date, which employ a total 7,440 employees, in going smoke-free.

## **Media & Public Relations**

CJRW, TPEP media contractor, implemented several grassroots programs, coordinated sponsorships and developed television, radio and print ads and community tool kits in preparation for the Arkansas Clean Indoor Air Act.

Stamp Out Smoking (SOS) showed its continued commitment to Arkansas' Hispanic community by attending Cinco de Mayo festivities across the state during May. SOS sponsored events in Little Rock, Springdale, DeQueen and Russellville. The largest celebration, in Little Rock, was a partnership between SOS and LULAC. Booths were present at the festival in the River Market for adults to gain information on the SOS cessation programs offered, while children enjoyed the SOS rock-climbing wall. Al "Papa Rap" Lopez performed in both Little Rock and Springdale with his famous *"Think Before You Stink"* rap that motivates people to quit smoking. Approximately 6,000 guests attended the Little Rock event, while DeQueen gathered more than 2,500 guests. Russellville saw an increase of 350 percent in attendance over last year with a total of 400 guests.

Advantage Communications, Inc. implemented the annual SOS school tours by visiting middle schools with large numbers of African-American youth. Locations included: Fordyce, Meekins, Dumas, Dermott and Eudora. Each event was hosted by 92.3FM radio personality Broadway Joe in a pep rally setting. Kids learned about tobacco dangers by singing raps and answering trivia questions. Literature and collaterals were distributed at each event.

ACI also partnered with Citadel Communications to host the second Arkansas Rimrockers Basketball Clinic in April. The event's goal was to establish a fun, healthy, and informative atmosphere where youth could learn fundamental basketball skills from positive role models and be provided with important messages on tobacco dangers. The clinic target young African-American boys and girls ages 10-13.

Concord High School won the SOS Community Lifesavers service learning program. Each member of the team received a gift certificate to their future college bookstore.

Fayetteville and El Dorado high schools won the third annual drama contest. "The Big Pitch" encouraged students around the state to develop and produce a TV

spot focused on the dangers of secondhand smoke. The contest received 15 entries this year, the most to date. Fayetteville's spot will air with the other SOS spots.

The Arkansas Celebrity Campaign added actress Mary Steenburgen and young comedian James "Lil' JJ" Lewis to its list of influential Arkansans encouraging fellow citizens to stop using tobacco. Mary and Lil' JJ join existing SOS spokesperson Jermain Taylor. Outdoor billboards and television spots can be seen as early as this fall.

## **Minority Initiatives**

The University of Arkansas at Pine Bluff (UAPB), Minority Initiative Sub-Recipient Grant Office (MISRGO) sub-grantees (20 currently funded) continue to educate the public on tobacco's danger and on the harmful effects of second hand smoke; reducing youth access; decreasing advertising and promotion of tobacco products and promoting the utilization of cessation resources. Program monitoring site visits have been made to all sub-grantees (20) this quarter to assess their progress.

The 3rd Annual *Clearing the Air in Communities of Color* conference was held May 24, 2006. The conference was a collaborative effort that included Cancer Coalition's Quarterly Meeting. Again, this conference is our continued effort to educate Arkansans' minority population on the dangers of tobacco, as well as ways the tobacco industry markets tobacco products to minority communities. Evaluation feedback was very positive. Total attendance for the conference was 235.

During this quarter Minority Initiative staff attended and participated in the following: Mississippi County Coalition for a Tobacco Free Arkansas, *Saving the Lives of Our Children*, Annual Banquet, April 21, 2006; Cancer Summit VII held in Fayetteville, AR, June 4-5, 2006. During each event Minority staff gave oral presentations.

The *Minority Initiative* (a quarterly newsletter) continues its distribution. This publication serves to highlight the activities of the MISRGO and sub-grantees. The last publication was April, 2006.

The Minority Initiative Office staff is gearing up for the 13<sup>th</sup> World Conference on Tobacco OR Health.

Ms. Rosa Pippin will be giving an oral presentation on *Closing the Gap/Reaching Our Latino Communities in Arkansas* and three (3) poster presentations will be displayed on *Evaluation and Program Monitoring of Tobacco Control Projects in Communities of Color*, *The Minority Initiative at the University of Arkansas at Pine Bluff*; *Funding Tobacco Prevention and Education in Arkansas' Minority Communities*, and *Organizational Capacity Building for Tobacco Prevention and Education in Arkansas' Minority Communities*. The conference is scheduled for July 12-15, 2006 in Washington, D.C.

The MISRGO sub-grantees continue to educate the community of tobacco's danger with the continued recruitment of coalition members and more intense educational campaigns.



### **Surveillance & Evaluation**

#### *Adult Surveillance*

Data collection for the Arkansas Adult Tobacco Survey (ATS) 2006, one of the program's major surveillance tools on adults, was started in June 1<sup>st</sup>, 2006. The ATS questionnaire collects data on six major areas: (1) prevalence of smoking and other tobacco products use, (2) cessation and quit attempts, (3) risk perceptions and social influences, (4) environmental tobacco smoke, (5) support for policies to prohibit smoking in restaurants, other public places, and in worksites, and (6) anti-tobacco media exposure. Questions in ATS come from a pool of survey questions provided by CDC to states to select those items that meet their individual needs. Depending on the program's stage of development, tobacco programs can alter questions or develop its own. Short-term program indicators collected in ATS can be sensitive to tobacco programs' immediate activities. For example, ATS collects demographic characteristics of respondents (i.e., employment status,

student, housewife, etc.), and measures the number of days per week in which respondents have seen TV messages about the harmful effects of smoking. Analyzing these data provides insights for selecting best time of day to advertise, as well as the regional extent of media coverage. ATS can be a powerful public health advocacy tool as well. For example, testing public support for banning indoor smoking in restaurants, bars, and worksites puts forward efforts in lobbying local legislatures to institute such policy.

### **Youth Surveillance**

In 2005, TPEP conducted the Arkansas Youth Tobacco Survey (YTS) 2005, which showed a significant decline in smoking rate among high school students in Arkansas (26.3%) compared to the year 2000 (35.8%). To validate the findings of the YTS and as part of the program efforts to evaluate the quality of its surveillance systems, TPEP compared its YTS results with results obtained from the Youth Risk Behavior Survey (YRBS) 2005, a comprehensive health risk-behavior study conducted by the Arkansas Department of Education-Office of Comprehensive School Health. YRBS also measures tobacco use prevalence and other indicators in a representative sample of Arkansas high school students. YTS and YRBS use separate samples of high schools.

As measured by the YTS 2005, current cigarettes smoking prevalence among high school students, the most prominent outcome indicator for comprehensive tobacco programming, was 26.3% ( $\pm 4.1$ ). This finding was supported by the YRBS that yielded a current smoking prevalence of 25.9% ( $\pm 3.4$ ). Variation in the prevalence current smokeless tobacco use across the two studies was marginal. According to the YTS, the percent of high school students who were current users of smokeless tobacco was 11.6% ( $\pm 2.0$ ), as compared to 13.7% ( $\pm 2.6$ ) in the YRBS. Table 1 contains the comparisons of tobacco related questions of the two studies.

**Table 1: Comparison of tobacco related indicators between the high school frame of the Youth Tobacco Survey (YTS) and the Youth Risk Behavior Surveillance System (YRBSS): Arkansas 2005**

Indicator	Definition	Youth Tobacco Survey YTS		Youth Risk Behavior Survey YRBS	
		Percent	95% CI	Percent	95% CI
Current cigarette smoking	Percentage of students who smoked cigarettes on one or more of the past 30 days	26.3	±4.1	25.9	±3.4
Current smokeless tobacco use	Percentage of students who used chewing tobacco, snuff, or dip on one or more of the past 30 days	11.6	±2.0	13.7	±2.6
Current cigar smoking	Percentage of students who smoked cigars, cigarillos, or little cigars on one or more of the past 30 days	18.9	±3.0	17.6	±2.5
Smoking on school property	Percentage of students who smoked cigarettes on school property on one or more of the past 30 days	7.7	±2.5	8.3	±3.0
Using smokeless tobacco on school property	Percentage of students who used chewing tobacco, snuff, or dip on school property on one or more of the past 30 days	7.0	±1.8	8.0	±2.1
Attempts to quit	Percentage of students who are current smokers and tried to quit smoking during the past 12 months	55.9	±4.6	61.3	±3.9

### *Evaluation*

TPEP is currently planning to evaluate the effect of the Clean Indoor Air Bill, approved by the Arkansas Senate Tuesday April 4<sup>th</sup>, 2006 on a 30-4 vote. The bill, effective July 20<sup>th</sup>, 2006, will ban smoking in most indoor workplaces statewide. Since the primary goal for the policy is to protect non-smokers for the harmful effects of secondhand smoke exposure, TPEP with assistance for the Community Coalitions is conducting an evaluation study using a pretest-posttest design on a convenient sample of 25 restaurants in Arkansas. Using valid and reliable tools, the study entails measuring the amount of carbon monoxide level per cubic liter of air before and after the policy takes effect.

## Medicaid Expansion Program

The goal of the Medicaid Expansion program is to create a separate and distinct component of the Arkansas Medicaid Program that improves the health of Arkansans by expanding health care coverage and benefits to specific populations.

### Program Progress

#### *Pregnant Women Expansion*

- Increased the income eligibility limit from 133% to 200% of the federal poverty level
- Program implemented November 1, 2001
- Cumulative number eligible for program:

**April 7,900**  
**May 8,082**  
**June 8,264**  
**(1,269 minorities)**

#### *Hospital Benefit Coverage*

- Increased the number of benefit days from 20 to 24 and decreased the co-pay on the first day of hospitalization from 22% to 10%.
- Program implemented November 1, 2001

#### *Age 19 to 64 Expansion*

- Incrementally covers 19 to 64 age group with a limited benefit package
- Population and limited benefit package defined and submitted to actuarial firm for cost analysis
- Section 1115 Waiver Concept Paper developed and submitted to CMS on 7/8/02
- Federal approval to submit Section 1115 Waiver on hold due to CMS concerns regarding cost neutrality
- ***Safety-Net Waiver approved by CMS which will offer basic health insurance to this age group through an employer sponsored initiative***

#### *65 and Over Expansion (AR Senior)*

- Incrementally increase coverage to the 65 and over population
- Implemented November 1, 2002 at 75% of QMB Level
- Increased to 80% of QMB Level effective January 1, 2003

Current program participants –

**April 4,600**  
**May 4,576**  
**June 4,521**  
**(1,279 minorities)**

## Expenditures for April 1, 2006 through June 30, 2006 and Proportion of Leveraged Medicaid Dollars

	<u>Total</u>	<u>Tobacco</u>	<u>Federal</u>
Pregnant Women	\$1,026,292	\$ 269,196	\$ 757,096
In-Patient Hospital	\$2,120,180	\$ 556,123	\$1,564,057
ARSeniors	\$ 901,549	\$ 236,476	\$ 665,073
Sub-Total Program	\$4,048,021	\$1,061,795	\$2,986,226
Administration	\$ 198,175	\$ 99,087	\$ 99,088
Total	\$4,246,196	\$1,160,882	\$3,085,314

### Important Events that have Impacted the Program this Quarter

- The 1115 Demonstration Waiver submitted by Arkansas on October 22, 2004, entitled the *Employer Sponsored Insurance Initiative* has now been approved by CMS. This program will increase health insurance coverage to non-pregnant adults, aged 19-64 of participating employers, whose family income is equal to or less than 200% of the federal poverty level. DHHS is in the process of developing an RFP, designing the necessary computer system modifications and preparing the required policy changes to implement the new program by January 1, 2007.
- The decision to expand the AR-Seniors coverage from 80% to 100% of the Federal Poverty Level has been placed on hold pending a financial analysis of the sustainability of the program in light of diminishing tobacco settlement proceeds. If the expansion is implemented, it is projected to add approximately 10,000 new eligibles to the program.
- The agency noted a decline in the number of AR Senior cases this quarter and will be conducting a review to determine possible causes for the reduction. It is not known at this time whether or not the new Medicare Part D Program played a role in the change in participation levels for the AR Seniors Program.

### Steps for Continuous Quality Improvement

DHHS will determine the best outreach “messaging” approaches to promote the Pregnant Women and AR-Senior programs based, in part, on the outcome of data analysis regarding service usage patterns.

## Arkansas Minority Health Commission (AMHC)

The Arkansas Minority Health Initiative mandates that the Arkansas Minority Health Commission (AMHC) establishes and administer screening, monitoring and treatment of hypertension, strokes and other disorders that disproportionately affect the minority groups of Arkansas.

The goals of the Arkansas Minority Health Commission are:

- **To increase awareness of hypertension, strokes and other disorders that are disproportionately critical to minorities** by utilizing different approaches that include but are not limited to the following: advertisements, distribution of educational materials and providing medication assistance materials for high risk minority populations.
- **To provide screening or access to screening** for hypertension, strokes and other disorders that are disproportionately critical to minorities and to provide this service to any citizen within this state regardless of racial/ethnic background.
- **To develop intervention strategies** to decrease hypertension, stroke and other disorders and their complications that disproportionately target minority populations including but are not limited to the following: smoking cessation, health education programs, weight loss, promoting a healthy lifestyle and treatment of hypertension with cost-effective medications as well as case management for patients in these programs.

### Program Progress

**Goal 1: To increase awareness of hypertension, strokes and other disorders that disproportionately affect minorities:**

- The Executive Director was invited to be the guest speaker on the April 12, 2006 Arkansas Governor's Staff Meeting.
- Drs. Eddie Ochoa and Creshelle Nash were invited by the Arkansas Department of Health and Human Services, Division of Health to present on health disparities and women's health issues related to health disparities and tobacco at the Little Rock 4H Center on April 19, 2006 to approximately 60 health care professionals.
- Dr. Creshelle Nash spoke to 40 health care professionals and lay people on tobacco and health disparities on May 24, 2006 at the "Clearing the Air"

Conference held at the University of Arkansas at Pine Bluff.

- The Executive Director made a presentation at the Arkansas Phenomenal Luncheon on April 22, 2006 on Empowering Minorities and the 2<sup>nd</sup> Annual "Southern Ain't Fried Sundays" Program.
- The Executive Director presented on the 2<sup>nd</sup> Annual "Southern Ain't Fried Sunday's Program" and "Active for Life" Program:
- April 18, 2006 at the Minority Cancer Awareness Meeting in Little Rock, AR.
- May 6, 2006 at the Mount Caramel Baptist Church in Warren, AR.
- June 19, 2006 at the Greater St. Paul Church in Camden, AR.
- June 20, 2006 at the "A Healthy Ouachita County" meeting in Camden, AR.
- The Executive Director was invited to present on Health Disparities and the 2<sup>nd</sup> Annual "Southern Ain't Fried Sundays Program to the Forrest City, AR Hometown Health Coalition on June 6, 2006.
- April 28, 2006. Dr. Jones presented an invited lecture on 'Obesity and Hypertension' to the Pan-Methodist Bishops Conference on Health Issues, held at the Philander Smith College.
- Dr. Creshelle Nash was invited to present at the Annual Primary Care Association Conference at the Peabody Hotel in Little Rock on May 25, 2006 on "Heart Disease, Women and Health Disparities" and to facilitate a group discussion on national healthcare.
- Dr. Creshelle Nash made a presentation on minority health and health disparities to approximately 30 students interested in science and health careers at Philander Smith College on May 29, 2006.
- Patricia Minor, RN was invited to present on obesity at the "Yes Camp" by St. Mark's Church in Little Rock, AR on June 19, 2006.
- Developed printed materials related to measurement of blood pressure in children according to recently released guidelines, which will be distributed through the provider networks.
- May 2006, Discussion of issues and opportunities related to hypertension, and potential collaboration between DOH and AMHC, presented by Dr. Jones to the Arkansas Division of Health's Science Advisory Committee.
- Developed one new "Minority Health Today" television show that highlighted "Arthritis".

- Run 10-60 second radio ads on KHLR to advertise the 2<sup>nd</sup> Annual “Southern Ain’t Fried Sunday’s” Program from May 19, 2006 to June 8, 2006.
- Run one new print ad in the April issue of “Power Play Magazine” highlighting the 2<sup>nd</sup> Annual “Southern Ain’t Fried Sunday’s Program in April.
- Held the kick-off event for the 2<sup>nd</sup> Annual “Southern Ain’t Fried Sunday’s” Program on June 29<sup>th</sup> at the Arkansas State Capital Rotunda.
- 94 churches and organizations in 23 counties are currently signed up.
- Run one full page ad in the UAMS Souvenir Sponsorship Booklet highlighting the 2<sup>nd</sup> Annual “Southern Ain’t Fried Sunday’s Program in May.
- Dr. Jones, the Hypertension Program Medical Director has continued to participate in the CVH Task Force sponsored by the Cardiovascular Health Program of the Division of Health in the Arkansas DHHS.
- Blood pressure measurement certification training, by Dr. Jones, was held in May 2006 for the new Hypertension Program Screeners at the Lee County Cooperative Clinic CHC.
- The Arkansas Minority Health Commission consists of twelve (12) members of which four (4) members are of the general public and are appointed by the Governor, two (2) members are appointed by the President Pro Tempe of the Senate, two (2) members are appointed by the Speaker of the House of Representatives and four (4) members are required to serve as mandated by Act 912 of 1991. The AMHC Commissioners meet on a quarterly basis in targeted communities. The Commissioners are responsible for establishing policies for the organization. Members of the Commission serve on the Planning and Review Committee are responsible for the development of short and long-term goals for the agency; which require approval of the full board. The Commissioners develop and approve by-laws, personnel policies, finance reports as well as all other reports generated within the agency. The AMHC Commission serves as the governing board for this state agency.

**Goal 2: To provide screening or access to screening for hypertension, strokes and other disorders that disproportionately affect minorities we have:**

Co-sponsored 17 health fairs thru coordination of efforts, donations of sponsorship and collaterals and information regarding hypertension, strokes and other disorders that disproportionately affect minorities.

- 8,270 attendees
- 422 Blood Pressure Checks, 100 Breast Exams/Registrations, 410 Glucose, 50 Vision Checks, 20 Dental Checks, 362 Cholesterol and 100 HIV tests
- 4400 pieces of literature
- 2871 Collaterals Given

Provided health related information to call-ins regarding but not limited to hypertension, strokes and other disabilities that disproportionately target the minority populations.

- 28 calls for information regarding Southern Ain’t Fried Sundays Initiative.
- 23 calls requesting assistance organizing a health fair or with collateral assistance at health fairs.
- 1 call requesting a volunteer enrollment form.
- 10 calls requesting assistance with medical care.
- 7 calls regarding the Minority Health Today show

Continued to fund the Hypertension Screening and Treatment Initiative in Lee, Crittenden, and Chicot counties. Since the program began in April 2003, 3361, 4878, and 3991 screenings (total of 12230 screenings) have been performed in these counties, with 3269 screenings showing elevated blood pressure. In 62%, 80%, and 87% of those screenings, the participant reported having a primary care physician. Those persons were advised to contact their primary care physician for further evaluation of their blood pressure. Of those who report having a primary care physician, most have seen that person within the last year. A total of 542 persons have been enrolled into the Hypertension Initiative to date. During the last quarter 310, 316, and 325 screenings were performed in the three counties, 242 of the screenings showing elevated blood pressure readings, and 9 enrolled into the program.

- From January 1 to June 30, 2006, a total of 1823 screenings were performed in the three counties. Of these screenings, 29%, 22% and 36% showed elevated blood pressure readings (numbers are 153, 137, and 249, with an overall total of 539), and a total of 32 individuals were enrolled in the CHC-based hypertension treatment program.
- Monthly telephone conference calls and several face to face meetings were scheduled between the AMHC, the community health centers and the CHCA liaison, between January 2006 and June 2006.

- Programming for the Hypertension Program web-based database is almost complete.
- The individual CHC master databases have been received by Mrs. Gatlin, and are being formatted into a uniform database with selected items, taking into account that the data collection forms changed during the implementation of the project.
- With the assistance of Mr. John Engberg, in April 2006 a preliminary Excel data file from two of the three counties was imported into a statistical software package and preliminary analyses were run on a few variables. These analyses showed similar results for the 2 CHC's in terms of participant demographics, average number of visits, and in percent shifting their blood pressure by at least one hypertension stage over 2 or more clinic visits.

We have continued the planning for the new phase of the hypertension program, including:

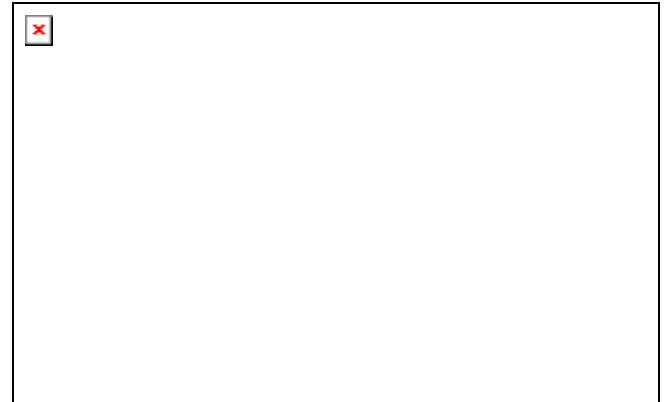
- A discussion with the AMHC Commissioners about the history of the hypertension program and various options for revising/transforming the program. Based on the AMHC Commissioner's input, it was decided to have direct contracts with the participating service providers for FY 2006-7, rather than having a contract with an umbrella organization which then subcontracted to the service providers. In addition, we will incorporate more explicit performance adjusted funding parameters in the new contract.
- We have developed an MOA to continue the treatment portion of the program for eligible participants, through October 2006.

***Quality control and quality assurance activities include:***

Certification training of new potential blood pressure screeners for Lee CHC

After extensive discussion with the CHCs and the CHCA, and multiple revisions, we developed a "Participant Satisfaction Survey", which was approved by the CHCA and the Executive Directors of each of the community health centers. This survey was intended to gauge the overall satisfaction of the participant's clinic visit experience with the community health center, and to pinpoint particular problems. The survey was mailed from the AMHC with a cover letter signed by the community health center Coordinator. Results of the survey were returned to the AMHC using self-addressed envelopes. Despite two separate mailings to Hypertension Program participants, the response rate to

the survey was very low (<40%) in each of the three counties, which limits the reliability of the results. Tabulated responses were shared with the three CHCs and the CHCA, with the caveat that the results could not be considered reliable.



Continued funding the Eating and Moving for Life Program in Mississippi County and in Sevier County. Lee County was discontinued due to funding issues. Currently enrolled into the Eating and Moving for Life program are, 117 in Mississippi, 60 in Sevier County. The total number of participants who have been/or are currently enrolled is 215 in Mississippi Count and 287 in Sevier County.

- Of those currently enrolled 66 in Mississippi, and 7 in Sevier County have been identified as having an elevated blood pressure, 105 in Mississippi County and 89 in Sevier County have been identified as either overweight or obese and 36 in Mississippi and 10 in Sevier County have elevated cholesterol levels.
- Of those identified above in Mississippi County, 14 have improved their blood pressure, 13 have lose weight and 24 have improved their cholesterol levels and in Sevier County, 7 have improved their blood pressure, 19 have lost weight and 4 have improved their cholesterol levels.

***Goal 3: To develop intervention strategies to decrease hypertension, strokes and other disabilities that disproportionately affect minorities we have:***

Provided in-kind salary support for Dr. Jones, the AMHC Hypertension Medical Director, and Dr. Namvar Zohoori, for activities directed towards the development of the Arkansas Cardiovascular Health Examination Survey (ARCHES), a state-wide representative examination survey funded by a grant from the CDC to the Arkansas Department of Health and Human Services, Division of Health's

Cardiovascular Health Program in July 2005. To date, all aspects of IRB review and approval, the development of survey instruments and other materials and laboratory elements for the study, including development of the logistics plan, have been completed. Training for a team of 15 interviewers took place in May, and field work began in June. To date, some 35 subjects have been enrolled in the study and interviews have been scheduled. The study will eventually enroll 1500 participants by mid-2007. ARCHES consists of a questionnaire, a home examination, and a battery of blood and urine tests, and will provide critical information about the prevalence of cardiovascular disease risk factors throughout the state, particularly for hypertension and cholesterol, with an emphasis on comparing prevalence rates between African Americans and Caucasians.

Conducted Workshops on proper measurement of blood pressure to potential ARCHES interviewers was held during this quarter. Training included proper measurement of blood pressure, including environment, patient position, proper cuff size, and use of Omron oscillometric blood pressure monitor.



Continued funding the Marianna Examination Study on Hypertension (MESH). MESH is a population based representative examination survey focusing on hypertension and cardiovascular disease risk factors, being conducted in the City of Marianna, Lee County, AR. The primary goal of the study is to determine the prevalence of diagnosed and undiagnosed hypertension,

the proportion of persons with diagnosed hypertension who are receiving anti-hypertensive medications, and the proportion of persons with diagnosed hypertension whose blood pressure is controlled to goal levels. Secondary goals include determining the prevalence of other cardiovascular disease risk factors, and developing baseline data that could support a longitudinal study in this community.

- It is important to note that MESH gives different information than ARCHES, since MESH is designed to obtain measurement of blood pressure on two separate occasions. This allows MESH to determine the prevalence of undiagnosed hypertension (defined as elevated blood pressure  $> 140$  mm Hg systolic and/or  $> 90$  mm Hg diastolic, on at least two occasions).
- Our goal is to survey 800 households with collection of data including interviewer administered questionnaire, brief physical examination, and blood and urine samples. Our long term hope is that the current study will form the basis for a longitudinal study, and that we will be able to return to the same community in 2-4 years to conduct follow-up surveys and examinations.
- Implementation of this survey began in June 2005. Data collection has not been as fast as initially anticipated, due to high turn-over of the part-time interviewers. In April 2006 we did another 40+ hour interviewer training session, and were able to certify 6 new interviewers for the survey.
- To date, 410 surveys have been collected, and 170 have had phlebotomy.
- We continue to have significant in-kind participation and support by organizations and institutions in Marianna, including the Marianna Housing Authority (MESH office space), the Lee County Local Health Unit and the Lee County Cooperative Clinic (phlebotomy location and personnel).
- We are actively investigating options to continue implementation of this important study until we have accrued the 800 participants needed to ensure that our study includes a representative sample of the community.
- Using a convenience sample of 90 participants with serum cystatin C levels available for analysis, an abstract on cystatin C in African Americans was submitted to the national meeting of the American Society of Nephrology by Dr. Henry Ntende, a Nephrology Fellow who is working with the MESH Study for his research experience.

- Workshops on proper measurement of blood pressure to potential MESH interviewers were held during this quarter. Training included proper measurement of blood pressure, including environment, patient position, proper cuff size, and use of Omron oscillometric blood pressure monitor.

We continued to work with other organizations/programs to increase the impact of our efforts. These entities include:

#### The Arkansas Department of Health (ADH)

Cardiovascular Health Program – grant of \$13,000 to fund training programs to improve measurement of blood pressure in children. We have been informed that there is a possibility of getting a second year of funding for this mini- grant in the fiscal year 2006-7.

Dr. Namvar Zohoori – we continued to fund 25% of his time for work on the MESH and the ARCHES study

Funding of 10% in kind time for Dr. Jones as a co-investigator for the ARCHES study

#### Community Health Centers of Arkansas (CHCA)

Continued funding of the outreach screening and treatment project with the three community health centers

Local agencies in Marianna, Arkansas, in conjunction with the MESH study

- Marianna Housing Authority
- Marianna Water Authority
- Cooperative Extension,

#### University of Arkansas for Medical Sciences

- College of Public Health
- Professional service contracts with Dr's Bursac and Pulley for work with the MESH study
- Division of Nephrology, College of Medicine

#### Abbott Renal Care

- We are in the process of utilizing the grants that were funded to UAMS Division of Nephrology, specifically earmarked to pay for cost of cystatin C, Calcium, phosphorus and parathyroid hormone levels in the MESH study.

## Tobacco Settlement Program Expenditures

Program Name	Appropriation Amount	FY06 Available. Funding	YTD Expenditures	Expenditures 4th Quarter	Fund Balance
AAI	\$2,324,476	\$1,672,005	\$1,517,982	\$349,707	\$154,023
ABI*	\$6,159,676	\$4,428,493	\$4,011,887	\$695,295	\$416,607
COPH	\$3,486,713	\$2,508,007	\$2,409,618	\$711,775	\$98,359
Delta AHEC	\$2,324,476	\$1,672,005	\$1,344,558	\$335,341	\$327,447
TPEP	\$17,451,384	\$20,566,351	\$13,325,898	\$3,356,655	\$7,240,453
Medicaid Expansion**	\$27,817,626	\$36,069,297	\$5,571,896	\$1,160,882	\$31,679,192***
Minority Health	\$1,672,347	\$1,672,347	\$1,579,119	\$529,063	\$93,228

\*This amount reflects UAMS' portion only – the Commission is working to develop an online reporting system to make sure expenditures from each portion of the program is reported quarterly

\*\* Note: This report reflects Tobacco Settlement dollars only. No Federal Medicaid Funds or appropriation are included in the chart. The match rate for Administrative Cost is 50% and the FMAP Rate for Services is 74.75%.

\*\*\*Medicaid fund balance includes a prior period adjustment of \$1,181,791.



### Arkansas Tobacco Settlement Commission

Executive Director: Chiquita Munir  
Administrative Assistant: Karen Elrod

**Bill Lefler, D.D.S., F.A.C.P.**  
Major General USA (RET)  
Chairman  
(Citizen appointed by the Governor)

**John Ahlen, Ph.D.**  
Director, Arkansas  
Science &  
Technology Authority

**Omar Atiq, M.D.**  
Director, AR Cancer Institute  
(Healthcare professional  
appointed by Senate  
President Pro Tem)

**Paul Halverson, DrPH**  
Arkansas Department of  
Health and Human Services  
Director, Division of Health

**John Selig**  
Director, Arkansas  
Department of Health  
and  
Human Services

**Anthony Fletcher, M.D.**  
Cardiologist, Cardiology and  
Medicine Clinic  
(Healthcare professional  
appointed by the Attorney  
General)

**Karen Wheeler, Ph.D.**  
designee for **Linda Beene,**  
**Ed.D.**  
Director, Arkansas  
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**Dee Cox** designee  
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